



UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

# NOTICE OF ALLOWANCE AND FEE(S) DUE

7590

07/07/2004

Michael V. Drew The Mead Corporation 4850D North Church Lane Smyrna, GA 30080

| EXAMINER        |              |  |  |  |  |
|-----------------|--------------|--|--|--|--|
| KIM, EUGENE LEE |              |  |  |  |  |
| ART UNIT        | PAPER NUMBER |  |  |  |  |

3721 DATE MAILED: 07/07/2004

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/880,198      | 06/13/2001  | Will L. Culpepper    | D-3081              | 6094             |

TITLE OF INVENTION: METHOD OF LOADING CARTONS

| APPLN. TYPE    |    |        | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|----|--------|-----------------|------------------|------------|
| nonprovisional | NO | \$1330 | \$300           | \$1630           | 10/07/2004 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B -Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| indicated unless corrected be maintenance fee notification                                                                                        | below or directed otherwise                                                               | in Block 1, by (a) spec                                                  | ifying a new co                                                                                                                                                                                  | orrespondence addres                                                 | ss; and/or (b) indicating a sepa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | rate "FEE ADDRESS" for                                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                   | E ADDRESS (Note: Use Block 1 for a                                                        | ny change of address)                                                    |                                                                                                                                                                                                  | Note: A certificate                                                  | of mailing can only be used fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | r domestic mailings of the                                                                       |  |
| -                                                                                                                                                 | 05/05/00                                                                                  |                                                                          |                                                                                                                                                                                                  | Fee(s) Transmittal.  papers. Each addition                           | This certificate cannot be used for<br>onal paper, such as an assignme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | or any other accompanying                                                                        |  |
|                                                                                                                                                   | 90 07/07/2004                                                                             |                                                                          |                                                                                                                                                                                                  | nave its own certific                                                | ate of mailing or transmission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |  |
| Michael V. Drew<br>The Mead Corporat<br>4850D North Church                                                                                        | ch Lane                                                                                   |                                                                          |                                                                                                                                                                                                  | I hereby certify that<br>States Postal Service<br>addressed to the M | Certificate of Mailing or Trans: this Fee(s) Transmittal is being e with sufficient postage for firs fail Stop ISSUE FEE address SPTO (703) 746-4000, on the d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | mission<br>deposited with the United<br>t class mail in an envelope<br>above, or being facsimile |  |
| Smyrna, GA 30080                                                                                                                                  | •                                                                                         |                                                                          |                                                                                                                                                                                                  |                                                                      | 51 10 (703) 740-4000, dif ale a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Depositor's name)                                                                               |  |
|                                                                                                                                                   |                                                                                           |                                                                          |                                                                                                                                                                                                  |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Signature)                                                                                      |  |
|                                                                                                                                                   |                                                                                           |                                                                          |                                                                                                                                                                                                  |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Date)                                                                                           |  |
| APPLICATION NO.                                                                                                                                   | FILING DATE                                                                               | FIRST                                                                    | NAMED INVEN                                                                                                                                                                                      | TOR                                                                  | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONFIRMATION NO.                                                                                 |  |
| 09/880,198                                                                                                                                        | 06/13/2001                                                                                | w                                                                        | ill L. Culpeppe                                                                                                                                                                                  | <del></del>                                                          | D-3081                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6094                                                                                             |  |
| TITLE OF INVENTION: M                                                                                                                             | ETHOD OF LOADING CA                                                                       | RTONS                                                                    |                                                                                                                                                                                                  |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |  |
| APPLN. TYPE                                                                                                                                       | SMALL ENTITY                                                                              | ISSUE FEE                                                                | PL                                                                                                                                                                                               | BLICATION FEE                                                        | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE DUE                                                                                         |  |
| nonprovisional                                                                                                                                    | NO                                                                                        | \$1330                                                                   |                                                                                                                                                                                                  | \$300                                                                | \$1630                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10/07/2004                                                                                       |  |
| EXAM                                                                                                                                              | IINER                                                                                     | ART UNIT                                                                 | CI                                                                                                                                                                                               | ASS-SUBCLASS                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |  |
| KIM, EUG                                                                                                                                          | BENE LEE                                                                                  | 3721                                                                     |                                                                                                                                                                                                  | 493-055000                                                           | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                  |  |
| 1. Change of correspondence<br>CFR 1.363).                                                                                                        | e address or indication of "Fe                                                            | ,                                                                        |                                                                                                                                                                                                  | the patent front page,<br>up to 3 registered pa                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |  |
| ☐ Change of corresponde<br>Address form PTO/SB/12                                                                                                 | ence address (or Change of C<br>22) attached.                                             | orrespondence or a                                                       | agents OR, alter                                                                                                                                                                                 | natively,                                                            | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                  |  |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                                                                                           |                                                                          | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |  |
| 3. ASSIGNEE NAME AND                                                                                                                              | RESIDENCE DATA TO B                                                                       | PRINTED ON THE P.                                                        | ATENT (print o                                                                                                                                                                                   | or type)                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |  |
| PLEASE NOTE: Unless recordation as set forth in                                                                                                   | an assignee is identified be 37 CFR 3.11. Completion of                                   | low, no assignee data w<br>f this form is NOT a sub                      | vill appear on to<br>estitute for filing                                                                                                                                                         | he patent. If an assi<br>g an assignment.                            | ignee is identified below, the de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ocument has been filed for                                                                       |  |
| (A) NAME OF ASSIGNI                                                                                                                               | EE                                                                                        | (B) RES                                                                  | IDENCE: (CIT                                                                                                                                                                                     | Y and STATE OR C                                                     | COUNTRY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  |  |
|                                                                                                                                                   |                                                                                           |                                                                          |                                                                                                                                                                                                  |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |  |
| Please check the appropriate                                                                                                                      | assignee category or categor                                                              | ies (will not be printed o                                               | on the patent);                                                                                                                                                                                  | □ individual □                                                       | corporation or other private gr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oup entity                                                                                       |  |
| 4a. The following fee(s) are                                                                                                                      | enclosed:                                                                                 | 4b. Payn                                                                 | nent of Fee(s):                                                                                                                                                                                  |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |  |
| Issue Fee                                                                                                                                         |                                                                                           |                                                                          |                                                                                                                                                                                                  | ount of the fee(s) is e                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |  |
| · ·                                                                                                                                               | nall entity discount permitted                                                            | •                                                                        | ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to                                            |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |  |
| Advance Order - # of 0                                                                                                                            | Copies                                                                                    |                                                                          | sit Account Nu                                                                                                                                                                                   | ereby authorized by mber                                             | charge the required fee(s), or continuous co | opy of this form).                                                                               |  |
| 5. Change in Entity Status  a. Applicant claims SM                                                                                                | (from status indicated above<br>AALL ENTITY status. See 3'                                |                                                                          | Applicant is not                                                                                                                                                                                 | claiming SMALL E                                                     | ENTITY status. See, e.g., 37 CFF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | R 1.27(g)(2).                                                                                    |  |
| The Director of the USPTO                                                                                                                         | is requested to apply the Issu                                                            | e Fee and Publication Fe                                                 | ee (if any) or to                                                                                                                                                                                | re-apply any previou                                                 | usly paid issue fee to the applica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | tion identified above.                                                                           |  |
| NOTE: The Issue Fee and Printerest as shown by the reco                                                                                           | ublication Fee (if required) words of the United States Pate                              | rill not be accepted from<br>nt and Trademark Office                     | anyone other the                                                                                                                                                                                 | nan the applicant; a re                                              | egistered attorney or agent; or th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ne assignee or other party in                                                                    |  |
| (Authorized Signature)                                                                                                                            |                                                                                           | (Date)                                                                   |                                                                                                                                                                                                  |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |  |
| submitting the completed ap<br>this form and/or suggestions<br>Box 1450, Alexandria, Virgi<br>Alexandria, Virginia 22313-                         | oplication form to the USPT6 for reducing this burden, shinia 22313-1450. DO NOT \$ 1450. | D. Time will vary depen<br>ould be sent to the Chie<br>SEND FEES OR COMP | iding upon the if Information C<br>LETED FORM                                                                                                                                                    | ndividual case. Any<br>ifficer, U.S. Patent a<br>S TO THIS ADDRE     | by the public which is to file (and 2 minutes to complete, including comments on the amount of tind Trademark Office, U.S. Depters. SEND TO: Commissioner of the displays a valid OMB control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,                 |  |



## United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO. FILING DATE          |               | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.    | CONFIRMATION NO. |
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| 09/880,198 06/13/2001                |               | Will L. Culpepper    | D-3081                 | 6094             |
| 75                                   | 90 07/07/2004 |                      | EXAM                   | INER             |
| Michael V. Drew<br>The Mead Corporat |               |                      | KIM, EUG               | ENE LEE          |
| 4850D North Churc                    |               |                      | ART UNIT               | PAPER NUMBER     |
| Smyrna, GA 30080                     |               |                      | 3721                   |                  |
|                                      |               |                      | DATE MAILED: 07/07/200 | 1                |

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (703) 305-1383. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.